

Draft Minutes of Meeting – Subject to Change Upon Approval by the Trauma Medical Audit Committee at their next regularly scheduled meeting.



MINUTES

EMERGENCY MEDICAL SERVICES & TRAUMA SYSTEM (EMSTS)

DIVISION OF COMMUNITY HEALTH

TRAUMA MEDICAL AUDIT COMMITTEE (TMAC)

October 3, 2024 – 2:30 P.M.

STANDING MEMBERS PRESENT

Lisa Rogge, RN, Trauma Program Manager, UMC, Chairman
Sean Dort, MD, Trauma Medical Director, St. Rose-Siena Hospital
Deborah Kuhls, MD, Trauma Medical Director, UMC
Ashley Tolar, RN, Trauma Program Manager, St. Rose-Siena Hospital
John Recicar, MOMMC
Georgi Collins, RN, Trauma Program Director, Sunrise Hospital
Rodrigo Rodriguez, MD (Dr. Fisher's alternate)

AD HOC MEMBERS PRESENT

Frank Simone, EMS Agency Quality Improvement Coordinator (2:30-3pm)
Clarence Dunagan, MD, ER Physician

MEMBERS ABSENT

Col Keith Berry, MD, MOMMC	John Anson, MD, Neurosurgeon
Karen Nelson, MD, Optum Orthopedics	Samson Otuwa, MD, Anesthesiologist
Chris Fisher, MD, Trauma Medical Director, Sunrise Hospital	Melanie Rouse, Clark County Coroner

SNHD STAFF PRESENT

Stacy Johnson, Regional Trauma Coordinator	John Hammond, EMSTS Manager
Christian Young, MD, EMSTS Medical Director (2:45pm)	Nicole Charlton, Recording Secretary
Edward Wynder, SNHD Associate General Counsel	Andria Cordovez Mulet, SNHD
Emily Anelli, SNHD	Dr. Cassius Locket, SNHD
Jacques Graham, SNHD	Dr. Fermin Leguen, SNHD

SNHD STAFF ABSENT

Laura Palmer, EMSTS Supervisor

PUBLIC ATTENDANCE

Todd Sklamberg, Sunrise Hospital	Maya Holmes, Culinary Health Fund
----------------------------------	-----------------------------------

Francesca Petrucci, Sunrise Hospital
Stacie Sasso, HSC

Shana Tello, UMC

I. CALL TO ORDER-CONFIDENTIALITY STATEMENT

Chairperson Rogge called the Trauma Medical Audit Committee (TMAC) to order at 2:32 p.m. . Roll call was administered by SNHD Staff Member Nicole Charlton, and she noted that quorum was present.

II. DIRECTIONS FOR PUBLIC ACCESS TO MEETINGS:

Directions were read out loud as follows: Members of the public may attend and participate in the TMAC meeting over the telephone by calling (702) 907-7151 and entering access code 36528863#. To provide public comment over the telephone, please press *5 during the comment period and wait to be called on. To provide public comment over Teams, please click on the hand icon to raise your hand during the comment period and wait to be called on.

III. FIRST PUBLIC COMMENT:

A period devoted to comments by the general public about those items appearing on the agenda. Members of the public are allowed to speak on Action items after the Board's discussion and prior to their vote. Each speaker will be given five (5) minutes to address the Board on the pending topic. No person may yield his or her time to another person. In those situations where large groups of people desire to address the Board on the same matter, the Chair may request that those groups select only one or two speakers from the group to address the Board on behalf of the group. Once the action item is closed, no additional public comment will be accepted.

Chairperson Rogge opened public comment.

Maya Holmes, Health Policy Director for the Culinary Health Fund, stated that both Trauma Medical Audit Committee (TMAC) & Regional Trauma Advisory Board (RTAB) should make recommendations to the Board of Health (BOH) that will help inform the Board's ability to determine whether there has been a demonstration of need for changes to the system. She appreciates that both TMAC and the most recent Southern Nevada Annual Trauma System Report has recognized the importance of controlled and appropriate growth of the trauma system for future sustainability. Those principles are consistent with the trauma system regulations and have been, and should continue to be, the guiding principles of the Southern Nevada Trauma System's planning and growth. She also stated that we have seen the proliferation of trauma systems in other communities absent need-based planning which resulted in an over-saturated system, diluted the quality of care, strained resources, and undermined the financial stability of existing trauma centers. She went on to say that, as she knows the committee is aware that American College of Surgeons Committee on Trauma has underscored that trauma system planning and growth should be based on need, identified through data driven methods, not the market considerations of healthcare and hospital systems. RTAB, which is composed of many TMAC members, has already spent a lot of time on the Sunrise application and recommended denial because there was no demonstration of need. Her understanding is that TMAC, which has a history of closed-door meetings, focuses on peer review for trauma system performance and quality and trauma related healthcare events, not determination of need for new capacity. They do not see how TMAC can take a contrary position to RTAB in this regard. Additionally, TMAC found in the most recent Annual Trauma System Report that the current trauma system is functioning efficiently, with no delays in care, no notable changes in system performance or other operations in patient care or pre-hospital services. They have heard no reports to the contrary. In addition, neither the Impact Report for Sunrise's application that was submitted to RTAB or the 2023 Annual Trauma

System Report demonstrates a need to expand the system. Both the Impact Report and the Annual Trauma System Report indicate the overall system is performing well and there are no gaps in the current system impacting care or a failure to accommodate patient need. She went on to say that specifically, trauma transports for Steps I/II/III overall and at Sunrise were down in 2023 from peaks in previous years. Transports for Steps IV were up overall and at Sunrise, but these patients do not need a Level I or Level II Trauma Center. Medium transport times are excellent overall. From 2019 to 2023, Sunrise had the smallest growth in transports and was below the overall system growth. In 2023, Sunrise Hospital had an 18% drop in Step I patients and a 4% drop in Step II patients compared to the previous year. She also noticed that at the last RTAB meeting, changes were recommended to the upgrade report. The SNHD staff seemed to agree with the recommendation, but she didn't see those changes in the current report. She also stated that she was disconcerted that SNHD didn't actively notify stakeholders that TMAC was having their first public meeting in their history. She asked that SNHD ensure that the public and active stakeholders are included in the process.

IV. ADOPTION OF THE OCTOBER 3, 2024 AGENDA:

Chairperson Rogge asked for approval of the agenda from the October 3, 2024 meeting. A motion was made by Member Tolar, seconded by Member Dort and passed by majority vote to approve the agenda.

V. REPORT / DISCUSSION / ACTION:

A. Discussion/Recommendation for Approval of Authorization of Sunrise Hospital as a Level I Trauma Center

1. Stacy Johnson presented SNHD's Impact Report
2. Todd Sklamberg, CEO Sunrise Hospital conducted a PowerPoint presentation to the committee. No questions were asked, in person or online.

Member Kuhls asked how catchment areas are changed and who makes that decision. Mrs. Johnson confirmed that it is written in regulations that it is a duty of OEMSTS.

Member Dunagan stated that his experience is that our trauma centers are extremely short handed when it comes to physicians and anything we can do to keep our residents here is vital to the community. Member Kuhls commented that that the ACS acts in a dual role to determine if the hospital meets the criteria, but they do not evaluate the need for more trauma centers in a community.

Member Collins reiterated that in the regulations for an upgrade, it is based on impact, not based on need. There is no need assessment, as you would do if you were going for a new trauma center. And the State is the agency that assesses need. Sunrise has clearly demonstrated that going from a Level II to a Level I will have zero impact. She believes that the actual impact will be the fact that the upgrade will be a great resource for our community.

Member Dort stated that his opinion is that this is a Medical Audit Committee and is closed for a reason for the reasons of discussions of objectivity, evidence-based medicine, and best practices. We are now being asked to deal with something with a lot of subjectivity. He believes that this is a very dangerous precedent to steer the TMAC towards a place, even though its in regulations, where we are suddenly discussing subjective and political things.

Dr. Kuhls reiterated that this should be based on need and that has not been demonstrated to either RTAB or TMAC. The repercussions on the community, when it comes to the quality of care in injured patients, has been diluted.

Member Dort made a motion since we already had three presentations, and most of the TMAC members are on the RTAB as well, the TMAC, having no new information to add to the recommendations already made from other committees, not have a recommendation to the Board of Health. No second was heard.

Chairperson Rogge made a motion stating that our statement reflect what is mentioned and is at the end of the Annual Report that the system was acting proficiently at the end of the Annual Report. No second was heard

Member Rodriguez stated that our statement should include that Sunrise hospital has been providing the Level I medical care, including cranial-facial expertise, soft tissue covering, as well as education and the impact of the research that has been provided as a Level I as opposed as a Level II.

Member Kuhls commented that there is nothing preventing a Level II center providing Level I care. No one is questioning the service and quality of care.

Member Kuhls made a motion to make the TMAC advisory position to the Board of Health be to not support the Sunrise Hospital application to change level from II to I. Motion seconded by Chairperson Rogge. Further discussion was opened, and after hearing none, a roll call vote was conducted.

Ayes – (4) votes

Nays – (3) votes

Abstain (2)

Motion carried.

VI. SECOND PUBLIC COMMENT:

Public comment is a period devoted to comments by the general public, if any, and discussions of those comments, about matters relevant to the Committee's jurisdiction will be held. No action may be taken upon a matter raised under this item of this Agenda until the matter itself has been specifically include on an agenda as an item upon which may be taken pursuant to NRS 241.020. All comments are limited to five (5) minutes.

Chairperson Rogge asked if anyone wished to address the committee. No person in person, or online, requested to make a comment, therefore she moved to the next agenda item.

VII. ADJOURNMENT

As there was no further business, Chairperson Rogge adjourned the meeting at 3:20 p.m.